Richauson	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Signature X
Donald Weeks Geneva County Jail P.O. Box 115 Geneva, AL 36340	ii 1ES, Giller delivery address been.
	3. Service Type Express Mail Express Mail Registered Return Receipt for Merchandise C.O.D.
Complower 400 5CV 709	4. Restricted Delivery? (Extra Fee)
2. Article Number 7 🗆 5	1160 0001 3017 2761
PS Form 3811, August 2001 Domestic Ret	turn Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION			rE THIS SE	CTION ON	DELIVER	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpied or on the front if space permits. Article Addressed to: 	- 11	D. Is deliv	_	different fro	om item 1?	Agent Addressee Date of Delivery Yes No
Mrs. Amber Geneva County Jail P.O. Box 115 Geneva, AL 36340		☐ Re	ce Type ertified Mail egistered sured Mail	☐ Expr		for Merchandise
05cv709			icted Delive			☐ Yes
2. Article Number	7005	1	0007			
(Transfer from service label)		turn Receip				102595-02-M 1540

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PS Form 3811, August 2001

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
	11 120, 41.10
Greg Ward	
Geneva County Jail	
P.O. Box 115	3. Service Type
Geneva, AL 36340	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
05cu709	4. Restricted Delivery? (Extra Fee) ☐ Yes
	105 1160 0001 3017 2747
(Transfer from service label)	102595-02-M-1549
	ON DELIVERY
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Semantification Addressee C. Date of Delivery
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from item 1? Yes
1. Article Addressed to:	If YES, enter delivery address below: ☐ No
Carl Rowe	
Geneva County Jail	
P.O. Box 115	3. Service Type
Geneva, AL 36340	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
05cu7 09	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	7005 1160 0001 3017 2754

Domestic Return Receipt